

CREDITCARE[®]
SYSTEMS E, LLC

Creditcare Systems

CREDITCARE[®]
SYSTEMS E, LLC

Finance Amount

3/25/03

	Quote 1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Original Balance						
Down Payment Amount						
Amount Financed						
Terms in Months						
Rate	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%
Payment						
Interest Amount						
Principle Amount						
Total Amount Due						
	<input type="radio"/> Quote 1	<input type="radio"/> Quote 2	<input type="radio"/> Quote 3	<input type="radio"/> Quote 4	<input type="radio"/> Quote 5	<input type="radio"/> Quote 6

Exit Creditcare Calculate Clear Selected Help

Start Internet Explorer Microsoft Outlook ACT! Prospects 2 Creditcare Systems 11:05 AM 3/25/03

FIGURE 1

CREDITCARE[®] SYSTEMS E, LLC

CREDITCARE[®] SYSTEMS E, LLC

Patient Information

MS: 5
DS: 1
Date 4
uy Place

My Con
My Doc
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Micro
Outl
DATA
DEN
Short
Storage

School/Prefix: Ms. Patient Account Number: A10713014

First Name: Ineeda Last Name: Cash Middle Initial: C

SSN: 167-51-4742 Birthday (MM/DD/YYYY): 4/23/1976 Age: 26 Driver License: NONE

Street Address 1: 123 El Camino Blvd. Street Address 2: NONE

Home Phone: (281) 555-1212 State: TX Zip: 77062 Country: Harris

Nearest Relative Name: Mr. Jonny Cash Nearest Relative Phone Number: (281) 555-6542

Employer Name: Collection Express Services, Inc Phone: (713) 975-9550 Fax: NONE

Street Address 1: 3500 S. Gessner City: Houston

Street Address 2: State: TX Zip: 77062

Buttons: End Deductible, New, Back

Start | ADT | Prospect 2 | Cont | Patient Information | 4:41 PM

FIGURE 2

CREDITCARE[®] SYSTEMS E, LLC

CREDITCARE[®] SYSTEMS E, LLC

Guarantor Information

Salutation/Greeting:

First Name: Last Name: Middle Initial:

SSN: Birthday (MMDDYY): Age: Drivers License #:

Street Address 1: State Issued:

Street Address 2: City:

Home Phone: State: Zip: County:

Employer Name: Phone: Fax:

Street Address 1: City:

Street Address 2: State: Zip:

☒ Spanish Speaking?

Taskbar: Start | ACT! | Prospects 2 - C... | Document1 - Microsoft... | Guarantor Information | 12:12 PM

FIGURE 3

Title: METHOD AND APPARATUS FOR OBTAINING
PAYMENT FOR HEALTHCARE SERVICES USING A
HEALTHCARE NOTE SERVICER

CREDITCARESM
SYSTEMS, LLC

CREDITCARE[®]
SYSTEMS
P.O. Box 771358
Houston, TX 77215

ACCOUNT STATEMENT

ACCOUNT NUMBER:

P.O. Box 771358 Houston, TX 77215				SERVICE FEES		PERIOD BEGINNING		PERIOD ENDING		DAYS IN BILLING CYCLE					
PREVIOUS BALANCE		PAYMENTS RECEIVED		CREDITS		ADDITIONAL CHARGES		DEBIT AMOUNTS		FINANCE CHARGE		AMOUNT PAID DUE		BALANCE OWED	
MINIMUM PAYMENT		PAY BALANCE BY THIS DATE TO AVOID ADDITIONAL INTEREST AND LATE FEES				FINANCE CHARGE BEGINNING PERIODIC RATE		ANNUAL PERCENTAGE RATE (APR)		BALANCE SUBJECT TO FINANCE CHARGE				AVERAGE DAILY BALANCE	





For Assistance, Call This Number Between The Hours of 8:30 am & 5:30 pm CST: 800-443-8194

[illegible]

Detach This Stub And Return It With Your Payment

I AGREE TO HONOR THE TERMS AND CONDITIONS OF MY FINANCE AGREEMENT AND THE TERMS ON REVERSE SIDE.

☐ Check this box if your address has changed, and print your new address on the back.

DUE DATE:		BALANCE DUE:		ACCOUNT NUMBER:		ACCOUNT OF:	
MINIMUM PAYMENT		CHECK NUMBER:		CHECK AMOUNT:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <input type="checkbox"/> MASTERCARD </div> <div style="text-align: center;">  <input type="checkbox"/> DISCOVER </div> <div style="text-align: center;">  <input type="checkbox"/> VISA </div> <div style="text-align: center;">  <input type="checkbox"/> AMEX </div> </div>							
CARD NUMBER:				AMOUNT:			
SIGNATURE:				EXPIRATION DATE			
MAKE CHECKS PAYABLE TO CREDITCARE							
For Assistance, please call 800-443-8194 between 8:30 AM and 5:30 PM CST							

CREDITCARE SYSTEMS
PAYMENT PROCESSING
P O BOX 771358
HOUSTON, TX 77215-1358



FIGURE 4

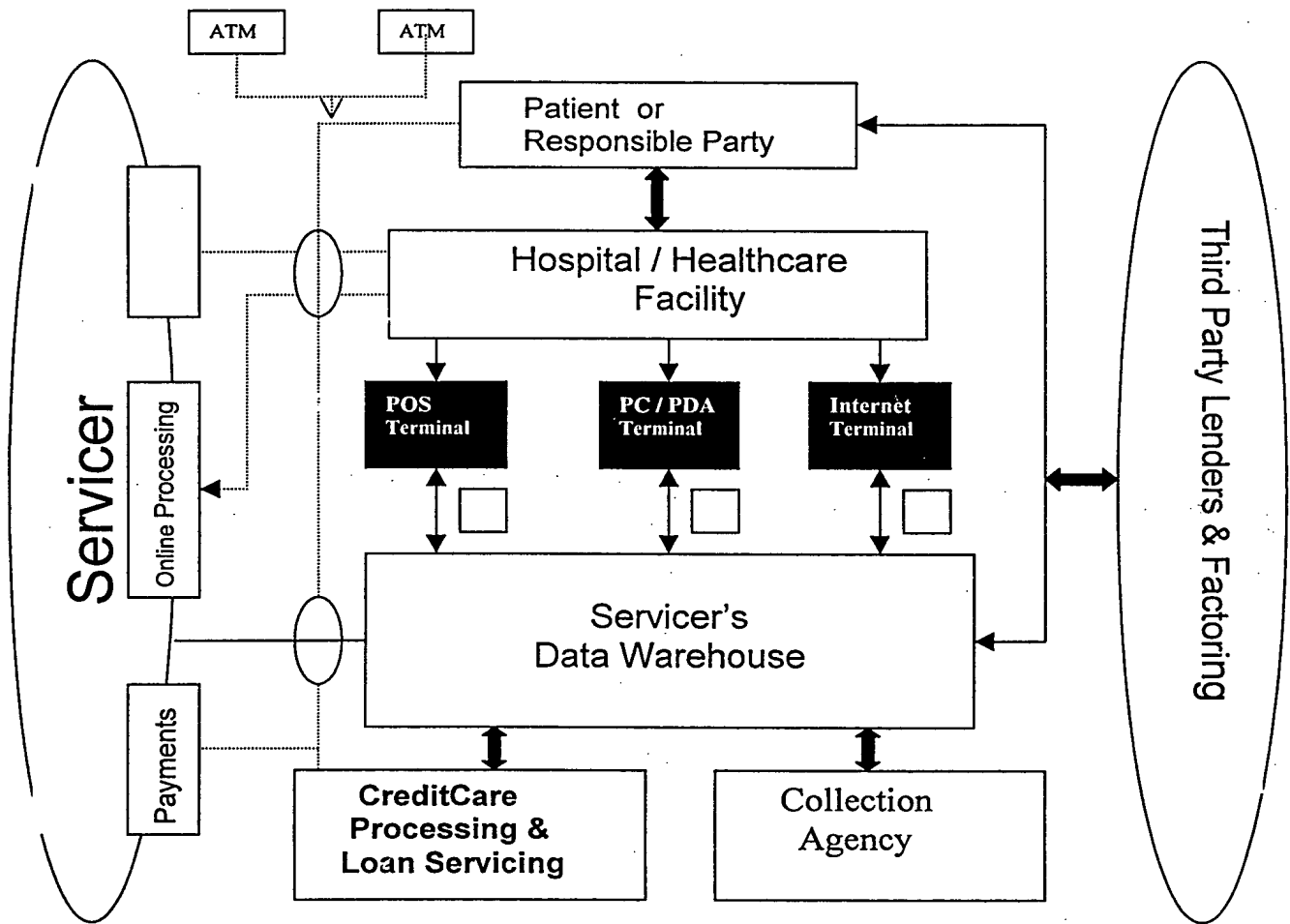


FIGURE 5



Chronological Flow Process for Accounts

- Day 1
Account Received, Entered as a New Business Contract
- Day 2
First Statement is Generated and sent to Datamatx & Mailed to Customer
- Day 30
Second Statement Mailed (account current – this statement mailed monthly)
- Day 30
Second Statement Mailed / First Past Due Notice – Avoid Additional Interest by Paying by the "Due Date"
- Day 38
Telephone Calls – Friendly Reminders – payment not received
- Day 60
Third Statement Mailed / Second Past Due Notice (Account Past Due. To avoid collection activity and associated fees, please pay the minimum amount due.)
- Day 68
Telephone Calls continue on past due accounts.
- Day 90
Fifth Statement Mailed / Third Past Due Notice (Your account is in default in accordance with the terms of your Agreement. Failure to pay the amount due by the "Due Date" will result in referral to a collection agency and commit you to additional fees. Your payment must be received and posted by date to avoid this action.)
- Day 120
Refer to Collection Agency & Forwarded Out
- Day 122
Collection Agency's First Notice Mailed

FIGURE 6